

CITY OF HIALEAH
FLORIDA

SPECIFICATIONS AND
CONTRACT DOCUMENTS



MEDICAL SUPPLIES

BID No. 2015/16-2000-12-021

SPECIFICATIONS
PREPARED BY:
FIRE DEPARTMENT

BID DOCUMENTS
PREPARED BY:
PURCHASING DIVISION

Acknowledgement Form

ITB 2015-16-2000-12-021

MEDICAL SUPPLIES

Please check the appropriate box (see below) and fax or email this acknowledgement form immediately upon receipt to:

City of Hialeah Purchasing Department
Bid Ref: 2015/16-2000-12-021
Attn: Luis A. Suarez & Angel Ayala
(305) 883-5871 or LASuarez@hialeahfl.gov & AAyala@hialeahfl.gov

☐ **Intention to Submit a Proposal**

We here by acknowledge receipt of the RFP. We have pursued the documents and advise that **we intend** to submit a proposal:

☐ **Non-Intention to Submit a Proposal**

We here by acknowledge receipt of the RFP. We have pursued the documents and advise that **we do not intend** to submit a proposal for the following reasons:

Bidder's Contact Information is as follows:

Company Name: _____

Contact Person: _____

Mailing Address: _____

Telephone No: _____

Fax No: _____

E-mail Address: _____

Name and Title of
Authorizing Officer: _____

Signature: _____ Date: _____

MEDICAL SUPPLIES

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CITY OF HIALEAH

ADVERTISEMENT AND INVITATION FOR BIDS

Sealed, written bids will be received by the Office of the City Clerk of the City of Hialeah, Florida, 501 Palm Avenue until 11:00 A.M. **Thursday, September 22nd, 2016**, at which time all bids will be publicly opened and read aloud in the Council Chambers, 3rd Floor, for furnishing the following:

MEDICAL SUPPLIES BID No. 2015/16-2000-12-021

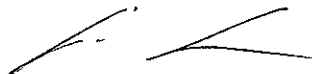
Instructions to bidders, provisions of the agreements, detailed specifications, and proposal forms for all bids may be obtained at the Purchasing Office, City Hall, 501 Palm Avenue, 4th Floor, Hialeah, Florida, by calling Luis A. Suarez at (305) 883-5857 or sending an email request to LASuarez@hialeahfl.gov.

Bids shall be submitted in sealed envelopes and shall bear on the face, thereof, the Bid Number, and the complete name and address of the bidder.

The City of Hialeah reserves the right to reject any and all bids, or to waive any informality in the bidding. Bids may be held by the City of Hialeah for a period not to exceed thirty (30) days from the date of opening for the purpose of reviewing the bids and investigating the qualifications of the bidders, prior to awarding of the contract.

The City of Hialeah reserves the right to accept, or reject bids on each item separately or as whole.

CITY OF HIALEAH, FLORIDA



Advertisement Date:
Monday, August 29th, 2016

Angel Ayala
Purchasing Director

SUBMIT BIDS TO:			CITY OF HIALEAH INVITATION TO BID TERM CONTRACT Bidder Acknowledgment	
CITY COUNCIL CITY OF HIALEAH 501 PALM AVENUE HIALEAH, FL 33010				
Page 1 of 3	Telephone Number	Mailing Date	Bid No.	
	(305) 883-5857	August 26, 2016	2015/16-2000-12-021	
Bid will be opened: September 22nd, 2016 And may not be withdrawn within 30 DAYS after such date and time 11:00 A.M.		Bid Title MEDICAL SUPPLIES		
All awards made as a result of this bid shall conform to applicable Florida Statutes and City of Hialeah Charter and Ordinances		Reason for "no bid"		
NAME OF VENDOR		AREA CODE	TELEPHONE NUMBER	
MAILING ADDRESS		BUSINESS ADDRESS		
CITY - STATE - ZIP CODE		WHEN REQUIRED, BOND OR CASHIER'S OR CERTIFIED CHECK IS ATTACHED IN THE AMOUNT OF \$		
I certify that this bid is made without prior understanding agreement, or connection with any corporation, firm or person submitting a bid for the same materials, supplies, or equipment, and is in all respects fair and with-out collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.				
		_____ AUTHORIZED SIGNATURE (MANUAL)		
		_____ AUTHORIZED SIGNATURE (TYPED) TITLE		

GENERAL CONDITIONS

BIDDER: To insure acceptance of the bid, follow these instructions.

SEALED BIDS: All bid sheets and this form must be executed and submitted in a sealed envelope. (Do not include more than one bid per envelope) The face of the envelope shall contain, in addition the above address, the date and time of bid opening and the bid title. Bids not submitted on attached bid form shall be rejected. All bids are subject to the conditions specified herein. Those which do not comply with these conditions are subject to rejection.

- EXECUTION OF BID:** Bid must contain a manual signature of authorize representative in the space provided above the company name and bid title must also appear on each page of the bid as required.
- NO BID:** If not submitting a bid, respond by returning this form, marking it "No Bid", and explain the reason in the space provided above. Repeated failure to quote, without sufficient justification, shall be cause for removal of the supplier's name from the bid mailing list. Note: To qualify as a respondent, bidder must submit a "No Bid" and it must be received no later than the stated bid opening date and hour.
- BID OPENING:** Shall be at a public opening commencing at the regular time and date specified on the bid form. It is the bidder's responsibility to assure that his bid is delivered at the proper time and place of the bid opening. Bids which for any reason are not so delivered will not be considered. Offers by telegram or telephone are not acceptable. Bid files may be examined during normal working hours by appointment.
- PROOF OF CAPABILITY:** The bidder may be required before the award of any contract, to show to the complete satisfaction of the City Council that he has the necessary facilities, ability and financial resources to perform the bid requirements in a satisfactory manner and he may be required to show past history and references which will enable the City Council to satisfy itself as to his qualifications
- PATENTS AND ROYALTIES:** The bidder, without exception, shall indemnify and save harmless the City of Hialeah and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process or article manufactured or used in the performance of the contract, including its use by the City of Hialeah, Florida. If the bidder uses any design, device, or materials covered, by letter, patent or copyright, if is mutually agreed and understood without exception that the bid prices shall include all royalties or cost arising from the use of such design, device, or materials, in any way involved in the work.
- RATE OF WAGES:** When applicable, the rate of wages for work covered by a public contract for those employed by any contractor or subcontractor, shall not be less that the prevailing rate of wages for similar skills or classifications or work in the City of Hialeah. The Division of Labor and Employment Opportunities, Tallahassee, Florida, will furnish the prevailing wage rates in the City of Hialeah, upon request.

7. PRICES TERMS AND PAYMENT: Firm prices shall be quoted: typed or printed in ink and include all packing, handling and shipping charges, unless otherwise stipulated. Bidder is requested to offer a cash discount for prompt invoice payment. Discount time will be computed from the date of satisfactory delivery at place of acceptance or from receipt of correct invoice at the office specified, whichever is later.
- (a) TAXES: A bidder or proposer shall include all applicable taxes in its bid or proposal. A bidder or proposer will not be excused from payment of state sales or transportation taxes or other applicable taxes, unless the bid form specifically provides for an option for a bidder or proposer to claim a tax exemption. A bidder or proposer shall not base a bid or proposal price on an assumption that that the City will utilize its tax exemption to purchase or order materials, equipment, etc. Any tax liability or tax payment resulting from any determination or interpretation of any law, rule, regulation or opinion is the sole responsibility of the bidder or proposer.
- (b) **DISCOUNTS:** Bidders may offer a cash discount for prompt payment: however, such discounts shall not be considered in determining the lowest net cost for bid evaluation purposes. Bidders are encouraged to reflect cash discounts in the unit prices quoted.
- (c) **MISTAKES:** Bidders are expected to examine the specifications, delivery schedule, bid prices, and all instructions pertaining to supplies and/or services. Failure to do so will be at bidder's risk. In case of mistake in extension, the unit price will govern.
- (d) **CONDITION AND PACKAGING:** It is understood and agreed that any item offered or shipped as a result of this bid shall be new (current model at the time of this bid). All containers, where applicable, shall be suitable for storage or shipment and all prices shall include standard commercial packaging.
- (e) **SHIPPING CHARGES:** When items are to be delivered or shipped to the City of Hialeah, bid shall reflect that these items are F.O.B. destination.
- (f) **SAFETY STANDARDS:** Unless otherwise stipulated in the bid, all manufactured items and fabricated assemblies shall comply with applicable requirements of Occupational Safety and Health Act and any standards there under.
- (g) **INVOICING AND PAYMENT:** The contractor shall be paid upon submission of a properly certified invoice to the ordering agency at the prices stipulated on the contract at the time the order is placed, after delivery and acceptance of the goods. Contractor(s) shall insure that the invoice is legible, submitted with the correct price(s) and include the purchase order number.
8. **MANUFACTURES' NAMES AND APPROVED EQUIVALENTS:** Any manufacturers' names, trade names, brand names, information and/or catalog numbers listed in a specification are for information, not to limit competition. The bidder may offer any brand for which he is an authorized representative, which meets or exceeds the specification for any item(s). If bids are based on equivalent products, indicate on the bid form the manufacturer's name and number and indicate any deviation from the specifications. **YOUR BID, LACKING ANY WRITTEN INDICATION OF INTENT TO QUOTE AN ALTERNATE BRAND, WILL BE RECEIVED AND CONSIDERED AS A QUOTATION IN COMPLETE COMPLIANCE WITH THE SPECIFICATIONS.**
9. **AWARDS** As the best interest of the City may require the right is reserved to make award(s) by individual item, groups of items, all or none, or a combination thereof, to reject any and all bids or waive any minor informality or technicality in bids received
10. **INFORMATION AND DESCRIPTIVE LITERATURE:** Bidders must furnish all information requested in the spaces provided on the bid form. Further as may be specified elsewhere, each bidder must submit with his proposal cuts, sketches, and descriptive literature and/or complete specifications covering the products offered. Reference to literature submitted with these requirements are subject to rejection.
11. **INTERPRETATIONS:** Any questions concerning conditions and specifications shall be directed in writing to this office for receipt no later than ten (10) days prior to the bid opening. Inquiries must reference the date of bid opening and title. Failure to comply with this condition will result in bidder waiving his right to dispute the bid specifications.
12. **SERVICE AND WARRANTY:** Unless otherwise specified, the bidder shall define any warranty service and replacements that will be provided during and subsequent to this contract. Bidders must explain on an attached sheet to what extent warranty and service facilities are provided.
13. **SAMPLES:** Samples of items, when called for must be furnished free of expense, and if not destroyed may, upon request, be returned at the bidder's expense. Each individual sample must be labeled with bidders name, manufacturer's brand name and number, bid title and item reference. Request for return of samples shall be accompanied by instructions which include shipping authorization and name of carrier and must be received within ninety (90) days after bid opening date. If instructions are not received within this time, the commodities shall be disposed of by the City of Hialeah.
14. **NONCONFORMANCE TO CONTRACT CONDITIONS:** Items delivered not conforming to specifications may be rejected and returned at vendor's expense. These items and items not delivered as per delivery date (s) in bid, purchase order or specifications may result in bidder being found in default in which event any and all re-procurement costs may be charged against the defaulting contractor. Any violation of these stipulations may also result in:
- (a) Supplier's name being removed from the City's vendor mailing list.
- (b) All City departments being advised not to do business with the supplier without written approval from City Purchasing.
15. **INSPECTION ACCEPTANCE AND TITLE:** Inspection and acceptance will be at destination unless otherwise provided. Title and risk of loss or damage to all items shall be the responsibility of the contract supplier until accepted by the ordering department of the City, unless loss or damage results from negligence by the City.
16. **RESTRICTIONS:** In the event any restrictions may be imposed which would necessitate alteration of the material, quality, workmanship or performance of the item(s) or services offered on this proposal prior to their delivery, it shall be the responsibility of the supplier to notify City Purchasing at once, indicating in his letter the specific regulation which requires an alteration. The City reserves the right to accept any such alteration, including any price adjustments occasioned thereby, or to cancel the contract at no expense to the City
17. **PRICE ADJUSTMENTS:** Any price decrease effectuated during the contract period either by reason of market change or on the part of the contractor to other customers shall be passed on to the City of Hialeah.
18. **CANCELLATION:** All contract obligations shall prevail until the end of each City fiscal year, September 30th. For the protection of both parties, this contract may be canceled in whole or in part by either party by giving thirty (30) days prior notice in writing to the other party.

19. **ABNORMAL QUANTITIES:** While it is not anticipated, should any unusual or abnormal quantity requirements arise, the City reserves the right to solicit separate bids thereon. Such bids shall be solicited only upon prior approval of City Purchasing.
20. **EXTENTION:** The City reserves the option to extend the period of this contract or any portion thereof, for an additional contract period. Extension of the contract period shall be by mutual agreement in writing.
21. **ADVERTISING:** In submitting a proposal, bidder agrees not to use the results there from as a part of any commercial advertising.
22. **SUMMARY OF TOTAL SALES:** The bidder agrees to furnish City Purchasing a summary of sales, including total dollar amount, made under the contract at the end of each quarter, or as stipulated in the attached special conditions. Written justification must be submitted with this bid if this requirement cannot be met.
23. **LIABILITY:** The supplier shall hold and save the City of Hialeah, its officers, agents, and employees harmless from liability of any kind in the performance of this contract.
24. **EQUAL EMPLOYMENT OPPORTUNITY:** The City of Hialeah endorses Equal Employment and incorporates the non-discrimination clause in this invitation to Bid, General Conditions.
25. **SPECIFICATION SILENCE:** Apparent silence on the specifications as to any details, or the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning only the best commercial practices will prevail and that only materials and workmanship of first quality are to be provided. All interpretation of the Specifications shall be made upon this statement.
26. **CONDUCT OF OPERATIONS:** If providing maintenance service, the contractor shall conduct its operation in an orderly and proper manner so as not to unreasonably annoy, disturb, endanger or be offensive to the public; keep the sound level of its operation as low as practicable; and within reason, control the conduct and appearance of its employees, invitees and of those doing business with it. Upon objection from the City concerning conduct, demeanor and appearance of any persons, the contractor shall immediately take all reasonable steps to remove the cause of the objection.
27. **ASSIGNMENT OF ANTI-TRUST CLAIMS TO CITY:** Bidders who are dealers, distributors, etc. and who are offering commodities manufactured by others shall complete the attached assignment form and return it with their bid. Failure to agree to this assignment shall subject the bid to rejection.

NOTE: THE GENERAL CONDITIONS, AS ITEMIZED, AND THE ACCOMPANYING BID CONSTITUTE AN OFFER FROM THE BIDDER. IF ANY OR ALL PARTS OF THE BID ARE ACCEPTED BY THE CITY OF HIALEAH, AN AUTHORIZED REPRESENTATIVE OF THE CITY SHALL AFFIX HIS SIGNATURE HERETO, AND THIS SHALL THEN CONSTITUTE THE WRITTEN AGREEMENT BETWEEN THE PARTIES. THE CONDITIONS OF THIS FORM BECOME A PART OF THE WRITTEN AGREEMENT BETWEEN THE PARTIES, AND THE CITY HEREBY RELIES UPON ANY REPRESENTATIONS BY THE BIDDER AS ARE CONTAINED HEREIN.

CITY OF HIALEAH

CONTRACT/PURCHASE ORDER NUMBER

BID NO: _____

BY: _____

BID TITLE: _____

DATE: _____

EFFECTIVE: _____

INSTRUCTIONS TO BIDDERS

SEALED BID MAILING INSTRUCTIONS:

Each bid returned to this office must have clearly marked on the face of the envelope the following information:

- | | |
|----------------------------|-----------------------|
| 1. Sealed Bid Number | 2. Title of the Bid |
| 3. Opening Date of the Bid | 4. Bidder's Firm Name |

**THE ENCLOSED BID RETURN ENVELOPE SHOULD BE USED
WHENEVER POSSIBLE. BIDS NOT COMPLYING WITH THE
ABOVE INSTRUCTIONS WILL NOT BE CONSIDERED.**

The City of Hialeah "Invitation to Bid Term Contract Bidder Acknowledgment" form, "Assignment" form, "Sworn Statement" form, "Non Collusion Affidavit" form, and "Disclosure Affidavit" form, must accompany the "Bid" form completed.

The bidder must furnish a statement giving a complete description of all points wherein the equipment he proposes to furnish does not comply with the specifications. Failure to furnish such a statement will be interpreted to mean that the vendor agrees to meet all requirements of the specifications.

Bidder will state delivery time in his proposal.

All quotations and proposals must be signed in all appropriate spaces with the Firm name and by an officer or employee having authority to bind the Company or Firm by his signature.

To be retained on the active bidder's list, bidder **MUST** respond to this Invitation to Bid. To protect your status as an active bidder, please complete and return the Bidder's Acknowledgment Form of the bid proposal indicating reason for "No Bid" at this time. Failure to respond to bid invitations could result in automatic removal from the bidder's list.

The City of Hialeah reserves the right to accept or reject bids on each item separately, or as a whole.

NOTE: Where an "or equal" is called for in the specifications, the City of Hialeah will be the sole judge on accepting the item as an equal.

GENERAL TERMS AND CONDITIONS OF INVITATION TO BID

1. CONTENTS OF BID

A. GENERAL CONDITIONS

Bidders are required to submit their proposals in conjunction with the following express conditions:

1. Bidders shall thoroughly examine the drawings, specifications, schedules, instructions, and all other contract documents.
2. Bidders shall make all investigations necessary to thoroughly inform themselves regarding plant and facilities for delivery of material and equipment as required by the bid conditions. No plea of ignorance by the bidder of conditions that exist or that may hereafter exist as a result of failure or omission on the part of the bidder to make the necessary examinations and investigations, or failure to fulfill in every detail the requirements of the contract documents will be accepted as a basis for varying the requirements of the City, or the compensation to the vendor.
3. Bidders are advised that all City contracts are subject to all legal requirements provided for in the Purchasing Ordinance, and / or State and Federal Statutes.
4. The period of the Contract shall extend for twelve (12) months from October 1, 2011 or the date of Award, as issued by the City of Hialeah, whichever is later.
5. The Contract may be extended, by mutual agreement, for additional twelve month period(s) up to a cumulative total of thirty-six (36) months. The City of Hialeah will notify the Vendor, in writing, no later than thirty (30) days prior to expiration of the Contract, as to its desire for extension.
6. Vendors shall guarantee prices for the duration of the contract. Any request by the Vendor for consideration of a price adjustment must be made to the City of Hialeah at the time of renewal, and must only be based on increased costs to the Vendor. Verification of these increases shall be furnished to the City of Hialeah upon request. Any upward price adjustment approved by the City of Hialeah shall impose upon the Vendor the requirement to advise and extend to the City of Hialeah price reductions when costs similarly decrease.
7. Prices shall include shipping and handling.

GENERAL TERMS AND CONDITIONS OF INVITATION TO BID
PAGE 2

B. DESCRIPTION OF SUPPLIES

1. Any manufacturer's names, trade names, brand names, or catalog number used in the specifications are for the sole purpose of describing and establishing minimum requirements or level of quality, standards of performance, and design required, and is in no way intended to prohibit the bidding of other manufacturer's items of equal quality.
2. Bidders are required to state exactly what they intend to furnish; otherwise they shall be required to furnish the items as specified.
3. When bidding an approval, equal bidders will submit with their proposal, two (2) complete sets of necessary data (factory information sheets, specification, brochures, etc.) in order for The City of Hialeah to evaluate and determine the quality of the bid item(s).
4. Bidders must indicate any variances to the Specifications, Terms and Conditions, no matter how slight.
5. The City of Hialeah shall be the sole judge of equality and its decision shall be final.

C. VARIANCES IN TERMS AND CONDITIONS

Where there appears to be variances or conflicts between these General Terms and Conditions and the "Special Conditions" outlined in the Bid Package, Special Conditions in the Bid Package shall prevail.

D. CLARIFICATION AND ADDENDA TO BID SPECIFICATIONS

Any manufacturer names, trade names, brand names, information and/or catalog numbers listed in a specification are for information, not to limit competition. The bidder may offer any brand for which he is an authorized representative, which meets or exceeds the specification (s) for any item. If bids are based on equivalent products, indicate any deviation from the specifications. Your bid, lacking any written indication of intent to quote an alternate brand, will be received and considered as quotation in complete compliance with specifications.

HIALEAH FIRE DEPARTMENT 2016 MEDICAL EQUIPMENT SPECIFICATIONS BID/PROPOSAL LIST

ID	CATEGORY	ITEM	NOTES	MANUF	PKG	PRICE QUOTED
1	AIRWAY	Bulb Syringe - individually packaged - 1 oz	ANY			
2	AIRWAY	BVM - AMBU DISPOSABLE PRESSURE MANOMETER	NO SUBSTITUTION			
3	AIRWAY	BVM - AMBU MASK ONLY - TODDLER	NO SUBSTITUTION			
4	AIRWAY	BVM - AMBU SPUR II DISPOSABLE - ADULT	NO SUBSTITUTION			
5	AIRWAY	BVM - AMBU SPUR II DISPOSABLE - INFANT/CHILD	NO SUBSTITUTION			
6	AIRWAY	COOK® Emergency Pneumothorax Set	NO SUBSTITUTION			
7	AIRWAY	Forcep, Magill, ADULT	ANY			
8	AIRWAY	Forcep, Magill, PEDIATRIC	ANY			
9	AIRWAY	i-gel® Advanced Supraglottic Airway Device - size 1.0	NO SUBSTITUTION			
10	AIRWAY	i-gel® Advanced Supraglottic Airway Device - size 1.5	NO SUBSTITUTION			
11	AIRWAY	i-gel® Advanced Supraglottic Airway Device - size 2.0	NO SUBSTITUTION			
12	AIRWAY	i-gel® Advanced Supraglottic Airway Device - size 2.5	NO SUBSTITUTION			
13	AIRWAY	i-gel® Advanced Supraglottic Airway Device - size 3.0	NO SUBSTITUTION			
14	AIRWAY	i-gel® Advanced Supraglottic Airway Device - size 4.0	NO SUBSTITUTION			
15	AIRWAY	i-gel® Advanced Supraglottic Airway Device - size 5.0	NO SUBSTITUTION			
16	AIRWAY	MASK - AEROSOL/NEBULIZER - ADULT	ANY			
17	AIRWAY	MASK - AEROSOL/NEBULIZER - INFANT	ANY			
18	AIRWAY	MASK - AEROSOL/NEBULIZER MASK - PEDIATRIC	ANY			
19	AIRWAY	MASK - Non-rebreather mask - ADULT - with 7 ft. oxygen supply tubing and reservoir bag	ANY			
20	AIRWAY	MASK - Non-rebreather mask - INFANT - with 7 ft. oxygen supply tubing and reservoir bag	ANY			
21	AIRWAY	MASK - Non-rebreather mask - PEDIATRIC - with 7 ft. oxygen supply tubing and reservoir bag	ANY			
22	AIRWAY	Menconium Aspirator	ANY			
23	AIRWAY	Mucosal Atomization Device (Pedi-MAD 800 w/ syringe)	ANY			
24	AIRWAY	Mucosal Atomization Device (Adult MAD-100 w/ syringe)	ANY			
25	AIRWAY	NASAL CANULA - ADULT	ANY			
26	AIRWAY	NASAL CANULA - INFANT	ANY			
27	AIRWAY	NASAL CANULA - PEDIATRIC	ANY			
28	AIRWAY	NEBULIZER - SIDE ARM with T adapter, mouth piece, 7 ft. oxygen tubing, and corrugated reservoir hose.	ANY			
29	AIRWAY	NPA - Nasopharyngeal Airway ROBERTAZZI STYLE - Size 20 Fr	ANY			
30	AIRWAY	NPA - Nasopharyngeal Airway ROBERTAZZI STYLE - Size 22 Fr	ANY			
31	AIRWAY	NPA - Nasopharyngeal Airway ROBERTAZZI STYLE - Size 24 Fr	ANY			
32	AIRWAY	NPA - Nasopharyngeal Airway ROBERTAZZI STYLE - Size 26 Fr	ANY			
33	AIRWAY	NPA - Nasopharyngeal Airway ROBERTAZZI STYLE - Size 28 Fr	ANY			
34	AIRWAY	NPA - Nasopharyngeal Airway ROBERTAZZI STYLE - Size 30 Fr	ANY			
35	AIRWAY	NPA - Nasopharyngeal Airway ROBERTAZZI STYLE - Size 32 Fr	ANY			
36	AIRWAY	NPA - Nasopharyngeal Airway ROBERTAZZI STYLE - Size 34 Fr	ANY			
37	AIRWAY	NPA - Nasopharyngeal Airway ROBERTAZZI STYLE - Size 36 Fr	ANY			
38	AIRWAY	OPA - Oral Pharyngeal Airway - size 100 mm	ANY			
39	AIRWAY	OPA - Oral Pharyngeal Airway - size 110 mm	ANY			
40	AIRWAY	OPA - Oral Pharyngeal Airway - size 40 mm	ANY			
41	AIRWAY	OPA - Oral Pharyngeal Airway - size 50 mm	ANY			

HIALEAH FIRE DEPARTMENT 2016 MEDICAL EQUIPMENT SPECIFICATIONS BID/PROPOSAL LIST

42	AIRWAY	OPA - Oral Pharyngeal Airway - size 60 mm	ANY	
43	AIRWAY	OPA - Oral Pharyngeal Airway - size 70 mm	ANY	
44	AIRWAY	OPA - Oral Pharyngeal Airway - size 80 mm	ANY	
45	AIRWAY	OPA - Oral Pharyngeal Airway - size 90 mm	ANY	
46	AIRWAY	PERTRACH Emergency cricothyroidotomy kit Adult Pertrach 5.6mm -D4550	NO SUBSTITUTION	
47	AIRWAY - EQUIP	Oxygen Cylinders. Must be Aluminum construction, D-Size With Toggle Valve.	ANY	
48	AIRWAY - EQUIP	Oxygen Regulator for use with portable oxygen cylinder, must have flow from 0 lpm to 25 lpm, must have 2 diss outlets and yoke connection	ANY	
49	AIRWAY - EQUIP	PARAPAC Automatic Ventilator Patient Circuits	NO SUBSTITUTION	
50	AIRWAY - EQUIP	PLASTIC WRENCH FOR O2 REGULATOR	ANY	
51	AIRWAY - EQUIP	PULMODYNE - O2 MAX - CPAP PATIENT CIRCUITS - WITH OHMEDA MALE QUICK CONNECT	NO SUBSTITUTION	
52	AIRWAY - ET	AMBU ET TUBE HOLDER - BLUE RUBBER NOTCH SECURING STRAP	NO SUBSTITUTION	
53	AIRWAY - ET	AMBU ET TUBE HOLDER - WHITE SOFT VELCRO STRAP	NO SUBSTITUTION	
54	AIRWAY - ET	ET Stylette, ADULT	ANY	
55	AIRWAY - ET	ET Stylette, CHILD	ANY	
56	AIRWAY - ET	ET TUBE - SLICK SET - cuffed - with stylette - 15 mm adapter must not be removable - size 5.0	ANY	
57	AIRWAY - ET	ET TUBE - SLICK SET - cuffed - with stylette - 15 mm adapter must not be removable - size 5.5	ANY	
58	AIRWAY - ET	ET TUBE - SLICK SET - cuffed - with stylette - 15 mm adapter must not be removable - size 6.0	ANY	
59	AIRWAY - ET	ET TUBE - SLICK SET - cuffed - with stylette - 15 mm adapter must not be removable - size 6.5	ANY	
60	AIRWAY - ET	ET TUBE - SLICK SET - cuffed - with stylette - 15 mm adapter must not be removable - size 7.0	ANY	
61	AIRWAY - ET	ET TUBE - SLICK SET - cuffed - with stylette - 15 mm adapter must not be removable - size 7.5	ANY	
62	AIRWAY - ET	ET TUBE - SLICK SET - cuffed - with stylette - 15 mm adapter must not be removable - size 8.0	ANY	
63	AIRWAY - ET	ET TUBE - SLICK SET - uncuffed - without stylette - 15 mm adapter must not be removable - size 1.0	ANY	
64	AIRWAY - ET	ET TUBE - SLICK SET - uncuffed - without stylette - 15 mm adapter must not be removable - size 1.5	ANY	
65	AIRWAY - ET	ET TUBE - SLICK SET - uncuffed - without stylette - 15 mm adapter must not be removable - size 2.0	ANY	
66	AIRWAY - ET	ET TUBE - SLICK SET - uncuffed - without stylette - 15 mm adapter must not be removable - size 2.5	ANY	
67	AIRWAY - ET	ET TUBE - SLICK SET - uncuffed - without stylette - 15 mm adapter must not be removable - size 3.0	ANY	
68	AIRWAY - ET	ET TUBE - SLICK SET - uncuffed - without stylette - 15 mm adapter must not be removable - size 3.5	ANY	
69	AIRWAY - ET	ET TUBE - SLICK SET - uncuffed - without stylette - 15 mm adapter must not be removable - size 4.0	ANY	
70	AIRWAY - ET	ET TUBE - SLICK SET - uncuffed - without stylette - 15 mm adapter must not be removable - size 4.5	ANY	
71	AIRWAY - ET	ET TUBE BULB CHECK	ANY	
72	AIRWAY - ET	ET TUBE HOLDER - Laerdal Thomas	NO SUBSTITUTION	
73	AIRWAY - ET	Lubricant Jelly - individual wrapped packets	ANY	
74	AIRWAY - ET	Nellcor Easy capill End Tidal CO2 Detector	NO SUBSTITUTION	
75	AIRWAY - ET	Rusch® Lite disposable LARYNGOSCOPE blades - Mac 2	NO SUBSTITUTION	
76	AIRWAY - ET	Rusch® Lite disposable LARYNGOSCOPE blades - Mac 3	NO SUBSTITUTION	
77	AIRWAY - ET	Rusch® Lite disposable LARYNGOSCOPE blades - Mac 4	NO SUBSTITUTION	
78	AIRWAY - ET	Rusch® Lite disposable LARYNGOSCOPE blades - Miller 0	NO SUBSTITUTION	
79	AIRWAY - ET	Rusch® Lite disposable LARYNGOSCOPE blades - Miller 1	NO SUBSTITUTION	
80	AIRWAY - ET	Rusch® Lite disposable LARYNGOSCOPE blades - Miller 2	NO SUBSTITUTION	

HIALEAH FIRE DEPARTMENT 2016 MEDICAL EQUIPMENT SPECIFICATIONS BID/PROPOSAL LIST

81	AIRWAY - ET	Rusch® Lite disposable LARYNGOSCOPE blades - Miller 3	NO SUBSTITUTION		
82	AIRWAY - ET	SUN MED Laryngoscope Handle, Adult. # 5-0237-03	NO SUBSTITUTION		
83	AIRWAY - ET	SUN MED Laryngoscope Handle, Pediatric. # 5-0237-01	NO SUBSTITUTION		
84	AIRWAY - SUCTION	FLEXIBLE SUCTION CATHETER - SIZE 10 FR	ANY		
85	AIRWAY - SUCTION	FLEXIBLE SUCTION CATHETER - SIZE 12 FR	ANY		
86	AIRWAY - SUCTION	FLEXIBLE SUCTION CATHETER - SIZE 14 FR	ANY		
87	AIRWAY - SUCTION	FLEXIBLE SUCTION CATHETER - SIZE 6 FR	ANY		
88	AIRWAY - SUCTION	FLEXIBLE SUCTION CATHETER - SIZE 8 FR	ANY		
89	AIRWAY - SUCTION	YANKAEUR SUCTION TUBE WITH HANDLE - STERILE	ANY		
90	AIRWAY - SUCTION - EQUIP	LAERDAL LCSU COMPACT SUCTION UNIT WITH TUBING	NO SUBSTITUTION		
91	AIRWAY - SUCTION - EQUIP	LAERDAL LSU SUCTION UNIT WITH TUBING	NO SUBSTITUTION		
92	AIRWAY - SUCTION - EQUIP	SUCTION - Laerdal Disposable Collection Canister (1200ml) W/Filter & Tubing	NO SUBSTITUTION		
93	AIRWAY - SUCTION - EQUIP	SUCTION - Laerdal Disposable Collection Canister (300ml) W/Filter & Tubing	NO SUBSTITUTION		
94	AIRWAY - SUCTION - EQUIP	SUCTION - Laerdal Disposable Collection Canister (800ml) W/Filter & Tubing	NO SUBSTITUTION		
95	AIRWAY - SUCTION - EQUIP	SUCTION - Laerdal LCSU4 WIRE STAND FOR LARGER CANISTER	NO SUBSTITUTION		
96	ECG - MONITOR	BP - WELCH ALLYN FLEXIPOINT <u>DISPOSABLE</u> BP CUFF - SIZE 09 - CHILD	NO SUBSTITUTION		
97	ECG - MONITOR	BP - WELCH ALLYN FLEXIPOINT <u>DISPOSABLE</u> BP CUFF - SIZE 11 - ADULT	NO SUBSTITUTION		
98	ECG - MONITOR	BP - WELCH ALLYN FLEXIPOINT <u>DISPOSABLE</u> BP CUFF - SIZE 11L - ADULT LONG	NO SUBSTITUTION		
99	ECG - MONITOR	BP - WELCH ALLYN FLEXIPOINT <u>DISPOSABLE</u> BP CUFF - SIZE 12 - LARGE ADULT	NO SUBSTITUTION		
100	ECG - MONITOR	BP - WELCH ALLYN FLEXIPOINT <u>DISPOSABLE</u> BP CUFF - SIZE 12L - LARGE ADULT LONG	NO SUBSTITUTION		
101	ECG - MONITOR	BP - WELCH ALLYN FLEXIPOINT <u>REUSABLE</u> BP CUFF - SIZE 09 - CHILD	NO SUBSTITUTION		
102	ECG - MONITOR	BP - WELCH ALLYN FLEXIPOINT <u>REUSABLE</u> BP CUFF - SIZE 11 - ADULT	NO SUBSTITUTION		
103	ECG - MONITOR	BP - WELCH ALLYN FLEXIPOINT <u>REUSABLE</u> BP CUFF - SIZE 11L - ADULT LONG	NO SUBSTITUTION		
104	ECG - MONITOR	BP - WELCH ALLYN FLEXIPOINT <u>REUSABLE</u> BP CUFF - SIZE 12 - LARGE ADULT	NO SUBSTITUTION		
105	ECG - MONITOR	BP - WELCH ALLYN FLEXIPOINT <u>REUSABLE</u> BP CUFF - SIZE 12L - LARGE ADULT LONG	NO SUBSTITUTION		
106	ECG - MONITOR	ECG Recording Paper for Zoll "X" Series monitor	NO SUBSTITUTION		
107	ECG - MONITOR	INLINE CAPNOMETER SENSOR - ZOLL X SERIES	NO SUBSTITUTION		

HIALEAH FIRE DEPARTMENT 2016 MEDICAL EQUIPMENT SPECIFICATIONS BID/PROPOSAL LIST

108	ECG - MONITOR	MICROSTREAM SMART CAPNOLINE PLUS O2 - CO2 NASAL SAMPLING SET WITH O2 TUBING	NO SUBSTITUTION		
109	ECG SUPPLIES	DEFIB/PACER PADS - CONMED - ADULT	NO SUBSTITUTION		
110	ECG SUPPLIES	DEFIB/PACER PADS - CONMED - PEDI	NO SUBSTITUTION		
111	ECG SUPPLIES	Disposable medical prep razors, for EKG hair removal, must be capable of shaving dry	ANY		
112	ECG SUPPLIES	ELECTRODES - CONMED POSITRACE	NO SUBSTITUTION		
113	ECG SUPPLIES	ELECTRODES - CONMED POSITRACE - PEDIATRIC	NO SUBSTITUTION		
114	FIRST AID	Adhesive bandages, 1" X 3" inch	ANY		
115	FIRST AID	BACITRACIN OINTMENT - INDIVIDUAL PACKETS	ANY		
116	FIRST AID	Bite stick, plastic	ANY		
117	FIRST AID	C.A.T. Tourniquet	NO SUBSTITUTION		
118	FIRST AID	CLING ROLLER Bandage NON-STERILE, 3"	ANY		
119	FIRST AID	Cold Packs, disposable	ANY		
120	FIRST AID	Disposable Blankets - 56" x 90" Yellow	ANY		
121	FIRST AID	DRESSING - 4 X 4 non-sterile gauze	ANY		
122	FIRST AID	DRESSING - 4 X 4 sterile gauze	ANY		
123	FIRST AID	DRESSING - Multi-Trauma dressing, sterile, size 12" X 10", individually packaged	ANY		
124	FIRST AID	DRESSING - OCCLUSIVE - PETROLEUM GAUZE 3" X 5"	ANY		
125	FIRST AID	DRESSING - Sterile 10" X 30" - MULTI-TRAUMA	ANY		
126	FIRST AID	DRESSING - Sterile 5" X 9" ABD SURGI PAD	ANY		
127	FIRST AID	DRESSING - STERILE 60" X 96" - BURN SHEET	ANY		
128	FIRST AID	DRESSING - Sterile 8" X 10", SURGI PAD	ANY		
129	FIRST AID	Elastic bandage, 3"	ANY		
130	FIRST AID	EYE PAD, oval	ANY		
131	FIRST AID	EYE SHIELD - METAL OR RIGID	ANY		
132	FIRST AID	Heavy duty cardboard splints - LARGE 24"	ANY		
133	FIRST AID	Heavy duty cardboard splints - MEDIUM 18"	ANY		
134	FIRST AID	Heavy duty cardboard splints - SMALL 12"	ANY		
135	FIRST AID	Hydrogen peroxide, 1 pint. Plastic bottle EA properly labeled	ANY		
136	FIRST AID	Isopropyl Alcohol, 70% 1 pint. Plastic bottle Ea properly labeled.	ANY		
137	FIRST AID	Laerdal-Ambu® adjustable C-Collar - ADULT	NO SUBSTITUTION		
138	FIRST AID	Laerdal-Ambu® adjustable C-Collar - PEDIATRIC	NO SUBSTITUTION		
139	FIRST AID	Morgan Lens®	NO SUBSTITUTION		
140	FIRST AID	Obstetrical Kit, disposable	ANY		
141	FIRST AID	Quick Clot ACS	ANY		
142	FIRST AID	Ring Cutter	ANY		
143	FIRST AID	Sodium Chloride 0.9% 1000ml BOTTLE For Irrigation.	ANY		
144	FIRST AID	STA-BLOCK Head immobilization device - CID	NO SUBSTITUTION		
145	FIRST AID	Sterile water 1000 ml BOTTLE for Irrigation.	ANY		

HIALEAH FIRE DEPARTMENT 2016 MEDICAL EQUIPMENT SPECIFICATIONS BID/PROPOSAL LIST

146	FIRST AID	TAPE - Adhesive Dermicel Tape, medical, hypo-allergenic, 1"	ANY		
147	FIRST AID	TAPE - Adhesive Dermicel Tape, medical, hypo-allergenic, 1/2"	ANY		
148	FIRST AID	TAPE - Adhesive Dermicel Tape, medical, hypo-allergenic, 2"	ANY		
149	FIRST AID	TAPE - Adhesive Dermicel Tape, medical, hypo-allergenic, 3"	ANY		
150	FIRST AID	THERMAL ABSORBENT REFLECTIVE BLANKET	ANY		
151	FIRST AID	TRAUMA SCISSORS	ANY		
152	FIRST AID	TRIANGULAR BANDAGES	ANY		
153	FIRST AID	Umbilical cord kit	ANY		
154	FIRST AID	Water Gel®. Sterile Gel-Soaked Burn Dressing 4" X 16"	NO SUBSTITUTION		
155	FIRST AID	Water Gel®. Sterile Gel-Soaked Burn Dressing 8" X 18"	NO SUBSTITUTION		
156	FIRST AID - EQUIP	BACKBOARD STRAPS - DISPOSABLE POLY - PLASTIC BUCKLE	ANY		
157	FIRST AID - EQUIP	KED IMMOBILIZER	ANY		
158	FIRST AID - EQUIP	PEDI IMMOBILIZER - LSP	NO SUBSTITUTION		
159	FIRST AID - EQUIP	PELVIC STABILIZER - T-POD	NO SUBSTITUTION		
160	FIRST AID - EQUIP	RIGID LONG SPINE BACKBOARD - X-RAY TRANSLUCENT, NO WOOD	ANY		
161	FIRST AID - EQUIP	TRACTION SPLINT - HARE	ANY		
162	GLOVES	APEX PRO NITRILE GLOVES EGL-528704, SIZE L	NO SUBSTITUTION		
163	GLOVES	APEX PRO NITRILE GLOVES EGL-528704, SIZE M	NO SUBSTITUTION		
164	GLOVES	APEX PRO NITRILE GLOVES EGL-528704, SIZE XL	NO SUBSTITUTION		
165	GLOVES	SAFEGLO NITRILE EXAM GLOVES SG12-2, SIZE L	NO SUBSTITUTION		
166	GLOVES	SAFEGLO NITRILE EXAM GLOVES SG12-2, SIZE M	NO SUBSTITUTION		
167	GLOVES	SAFEGLO NITRILE EXAM GLOVES SG12-2, SIZE XL	NO SUBSTITUTION		
168	IV SUPPLIES	IV administration sets with @ least TWO Y site 10-15 gtt/ml 70" or longer.	ANY		
169	IV SUPPLIES	IV administration sets with @ least TWO Y site 60 gtt/ml 70" or longer.	ANY		
170	IV SUPPLIES	Saline-Lock-I.V. Extension set - Connector Loop. "J-Loop" with pre-pierced Hep-Lock and rotating luer lock with at least 2 Y ports	ANY		
171	IV SUPPLIES	Sodium Chloride 0.9% 1000ml IV	ANY		
172	IV SUPPLIES	Sodium Chloride 0.9% 100ml IV	ANY		
173	IV SUPPLIES	Sodium Chloride 0.9% Pre-Filled Flush (10cc)	ANY		
174	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter - ViaValve Safety IV Catheter with Blood Control - 14G x 1 1/4"	NO SUBSTITUTION		
175	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter - ViaValve Safety IV Catheter with Blood Control - 16G x 1 1/4"	NO SUBSTITUTION		
176	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter - ViaValve Safety IV Catheter with Blood Control - 18G x 1 1/4"	NO SUBSTITUTION		
177	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter - ViaValve Safety IV Catheter with Blood Control - 20G x 1 1/4"	NO SUBSTITUTION		

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178	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter - ViaValve Safety IV Catheter with Blood Control - 22 x 1"	NO SUBSTITUTION		
179	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter - ViaValve Safety IV Catheter with Blood Control - 24G x 5/8"	NO SUBSTITUTION		
180	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter (Teflon) - B Braun Introcan Safety - Straight 14G x 2"	NO SUBSTITUTION		
181	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter (Teflon) - B Braun Introcan Safety - Straight 16G x 1-1/4"	NO SUBSTITUTION		
182	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter (Teflon) - B Braun Introcan Safety - Straight 18G x 1-1/4"	NO SUBSTITUTION		
183	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter (Teflon) - B Braun Introcan Safety - Straight 20G x 1-1/4"	NO SUBSTITUTION		
184	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter (Teflon) - B Braun Introcan Safety - Straight 22G x 1"	NO SUBSTITUTION		
185	IV SUPPLIES - ANGIOCATH	ANGIOCATH - IV Catheter (Teflon) - B Braun Introcan Safety - Straight 24G x 3/4"	NO SUBSTITUTION		
186	IV SUPPLIES - IO	B.I.G.Bone Injection Gun® - ADULT	NO SUBSTITUTION		
187	IV SUPPLIES - IO	B.I.G.Bone Injection Gun® - PEDIATRIC	NO SUBSTITUTION		
188	IV SUPPLIES - IO	EZ IO DRILL AND NEEDLES	NO SUBSTITUTION		
189	IV SUPPLIES - IO	EZ IO NEEDLE - BLUE	NO SUBSTITUTION		
190	IV SUPPLIES - IO	EZ IO NEEDLE - PINK	NO SUBSTITUTION		
191	IV SUPPLIES - IO	EZ IO NEEDLE - RED TRAINER	NO SUBSTITUTION		
192	IV SUPPLIES - IO	EZ IO NEEDLE - YELLOW	NO SUBSTITUTION		
193	IV SUPPLIES - MISC	3 WAY STOP COCK	ANY		
194	IV SUPPLIES - MISC	Alcohol preps PADS	ANY		
195	IV SUPPLIES - MISC	CARPULJECT	ANY		
196	IV SUPPLIES - MISC	Disposable Hand/Armboard - padded - pediatric 2" x 6"	ANY		
197	IV SUPPLIES - MISC	Disposable Hand/Armboards - padded 3 X 9"	ANY		
198	IV SUPPLIES - MISC	IODINE WIPES	ANY		
199	IV SUPPLIES - MISC	Non-Sterile LATEX Tourniquets	ANY		
200	IV SUPPLIES - MISC	Veni-Gard®, adult IV securing device	NO SUBSTITUTION		
201	IV SUPPLIES - MISC	Veni-Gard®, Pediatric IV securing device	NO SUBSTITUTION		
202	IV SUPPLIES - NEEDLES	HYPODERMIC NEEDLE - 18G - 1-1/2"	ANY		
203	IV SUPPLIES - NEEDLES	HYPODERMIC NEEDLE - 20G - 1-1/2"	ANY		
204	IV SUPPLIES - NEEDLES	HYPODERMIC NEEDLE - 21G - 1-1/2"	ANY		
205	IV SUPPLIES - NEEDLES	HYPODERMIC NEEDLE - 23G - 1-1/2"	ANY		
206	IV SUPPLIES - NEEDLES	HYPODERMIC NEEDLE - 25G - 1-1/2"	ANY		
207	IV SUPPLIES - SYRINGES	SYRINGE - 1 cc without needle	ANY		
208	IV SUPPLIES - SYRINGES	SYRINGE - 10 cc without needle	ANY		

HIALEAH FIRE DEPARTMENT 2016 MEDICAL EQUIPMENT SPECIFICATIONS BID/PROPOSAL LIST

209	IV SUPPLIES - SYRINGES	SYRINGE - 3 cc without needle	ANY		
210	IV SUPPLIES - SYRINGES	SYRINGE - 30 cc without needle,	ANY		
211	IV SUPPLIES - SYRINGES	SYRINGE - 5 cc without needle	ANY		
212	IV SUPPLIES - SYRINGES	SYRINGE - 60 cc without needle	ANY		
213	MISC	Bed pan, plastic	ANY		
214	MISC	Disinfectant 1-Gallon, EPA Approved, Non-Corrosive bactericidal, virucidal, fungicidal, tuberculocidal for all medical equipment, boards, stretchers, and vehicle surfaces. Must be Glutaraldehyde free.	ANY		
215	MISC	nail polish remover pads	ANY		
216	MISC	RED BIOHAZARD BAGS - LARGE	ANY		
217	MISC	RED BIOHAZARD BAGS - ROLL - SMALL	ANY		
218	MISC	Vomit/Urine disposable bags	ANY		
219	MISC	WATERPROOF PATIENT PILLOW	ANY		
220	MISC - EQUIP	AUTOPULSE bands	NO SUBSTITUTION		
221	MISC - EQUIP	Disposable PATIENT LIMB RESTRAINTS	NO SUBSTITUTION		
222	MISC - EQUIP	FERNO STRETCHER HARNESS STRAPS - ITEM 0313915 (417) RESTRAINT SYSTEM	NO SUBSTITUTION		
223	MISC - EQUIP	FERNO STRETCHER SEATBELTS - ITEM 0315911 (430) 2 PC	NO SUBSTITUTION		
224	MISC - EQUIP	INTUBATION KIT BAG / POUCH	ANY		
225	MISC - EQUIP	PEDIATRIC COLOR CODED POUCHES - BLUE	ANY		
226	MISC - EQUIP	PEDIATRIC COLOR CODED POUCHES - GREEN	ANY		
227	MISC - EQUIP	PEDIATRIC COLOR CODED POUCHES - GREY	ANY		
228	MISC - EQUIP	PEDIATRIC COLOR CODED POUCHES - ORANGE	ANY		
229	MISC - EQUIP	PEDIATRIC COLOR CODED POUCHES - PINK	ANY		
230	MISC - EQUIP	PEDIATRIC COLOR CODED POUCHES - PURPLE	ANY		
231	MISC - EQUIP	PEDIATRIC COLOR CODED POUCHES - RED	ANY		
232	MISC - EQUIP	PEDIATRIC COLOR CODED POUCHES - WHITE	ANY		
233	MISC - EQUIP	PEDIATRIC COLOR CODED POUCHES - YELLOW	ANY		
234	MISC - EQUIP	PELICAN CASE - 1550 YELLOW AND ORANGE	NO SUBSTITUTION		
235	MISC - EQUIP	PELICAN CASE - LID ORGANIZER CLEAR COVER WITH VELCRO	ANY		
236	MISC - EQUIP	PELICAN CASE - MULTILAYER LID ORGANIZER WITH SEVERAL CLEAR POCKETS	ANY		
237	MISC - EQUIP	PELICAN CASE - PADDED DIVIDERS WITH ADJUSTABLE WALLS	ANY		
238	MISC - EQUIP	SHARPS CONTAINER - GALLON SIZE	ANY		
239	MISC - EQUIP	Sharps container - PORTABLE - 1 QUART SIZE	ANY		
240	MISC - EQUIP	STAIRCHAIR OR EQUIVALENT	ANY		
241	MISC - EQUIP	STRETCHER STRAPS - HARNESS	ANY		
242	MISC - EQUIP	STRETCHER STRAPS - SEATBELTS	ANY		
243	MISC - GI	Nasal Gastric Tubes Size 10 FRENCH	ANY		
244	MISC - GI	Nasal Gastric Tubes Size 12 FRENCH	ANY		
245	MISC - GI	Nasal Gastric Tubes Size 14 FRENCH	ANY		
246	MISC - GI	Nasal Gastric Tubes Size 16 FRENCH	ANY		
247	MISC - GI	Nasal Gastric Tubes Size 18 FRENCH	ANY		
248	MISC - GI	Nasal Gastric Tubes Size 8 FRENCH	ANY		
249	MISC - GI	SYRINGE - 60 cc without needle, catheter tip for NG tube placement	ANY		
250	MISC - PPE	DISPOSABLE N95 TB MASKS	ANY		

HIALEAH FIRE DEPARTMENT 2016 MEDICAL EQUIPMENT SPECIFICATIONS BID/PROPOSAL LIST

[illegible]

ASSIGNMENT

For, and in recognition of good and valuable considerations, receipt of which is hereby acknowledged, _____, acting herein by and

Company Name

through _____, it's _____

Individual Name

Title of Individual's

Position

and duly authorized agent, hereby conveys, sells, assigns and transfers to the City of Hialeah, Florida all rights, title and interest in and to all cause of action it may now or hereafter acquire under the antitrust laws of the United States and the State of Florida for price fixing, related to the particular goods or services purchased or acquired by the City of Hialeah, Florida pursuant to _____

Identity of City Contract

Date

Name and Title

Name of Company

INSURANCE REQUIREMENTS

See Insurance Check List for applicability to this contract.

The contractor shall be responsible for his work and every part thereof, for all materials, tools, appliances and property of every description, connection therewith. He shall specifically and distinctly assume, all risks of damage or injury to property or persons used or employee on or in connection with the work and of all damage or injury to any person property wherever located, resulting from any action or operation under contract or in connection with the work.

The contractor shall, during the continuance of the work under this contract including extra work in connection therewith:

Maintain Worker's Compensation and Employer's Liability Insurance to meet the statutory requirements of the State of Florida, to protect themselves from any liability or damage which may arise by virtue of any statute or law in force or which may hereafter be enacted.

Maintain General Liability Insurance in amounts prescribed by the City to protect the contractor in the interest of the City against all risks of injury to persons (including death) or damage to property wherever located resulting from any action or operation under the contract or in connection with the work.

Any additional coverage(s) required as indicated on Insurance Check List are part of this contract.

Maintain Automobile Liability Insurance including Property Damage covering all used or operated automobiles and equipment used in connection with the work.

All insurance policies shall be issued by companies authorized to do business under the laws of the State of Florida and these companies must have a rating of at least A:X or better per Best's Insurance Guide latest edition or its equivalent. There shall be attached an endorsement to save and hold harmless the City from any liability or damage whatsoever in accordance with the following form endorsement which forms a part of this contract.

When naming the City of Hialeah as an additional insured onto your policies, the insurance companies hereby agree and will endorse the policies to state that the City will not be liable for the payment of any premiums or assessments. An endorsement to the policy(ies) shall be issued accordingly and the certificate will state the above.

ENDORSEMENT

The insurance coverage shall extend to and include the following contractual indemnity and hold harmless agreement:

"The contractor hereby agrees to indemnify and hold harmless the City of Hialeah, a municipal corporation, its officers, agents, and employees from all claims for bodily injuries to the public in and up to the amount of \$1,000,000 for each occurrence and for all damages to the property of others in and up to the amount of \$1,000,000 for each occurrence with an aggregate of \$1,000,000 per the insurance requirement under the specifications including costs of investigation, all expenses of litigation, including reasonable attorney fees and the cost of appeals arising out of any such claims or suits because of any and all acts of omissions or commission of any by the contractor, his agents, servants, or employees, or through the mere existence of the project under contract.

The foregoing indemnity agreement shall apply to any and all claims and suits other than claims and suits arising out of the sole and exclusive negligence of the City of Hialeah, its officers, agents, and employees, as determined by court of competent jurisdiction. The contractor shall specifically and distinctly assume all responsibility for reporting any and all operations performed or to be performed under any existing contract made by or on behalf of the assured and the City of Hialeah.

It is understood and agreed that _____ (Firm Name) is at all times herein acting as an independent contractor.

Original, signed Certified Insurance Certificates evidencing such insurance and such endorsements as prescribed herein shall be filed by the contractor, before work is started, with the City of Hialeah. The certificate must state Bid Number and Title.

Products and Completed Operations Liability shall be provided for as stated in the Insurance Check List.

The contractor will secure and maintain policies of subcontractors. All policies shall be made available to the City upon demand.

No change or cancellation in insurance shall be made without thirty (30) days written notice to the City of Hialeah.

Insurance coverage required in these specifications shall be in force throughout the contract term. Should any awardee fail to provide acceptable evidence of current insurance within seven days of receipt of written notice at any time during the contract term, the City shall have the right to consider the contract breached and justifying the termination thereof.

Compliance by the Contractor and all subcontractors with the foregoing requirements as to carrying insurance and furnishing copies of the insurance policies shall not relieve the contractor and all subcontractors of their liabilities and obligations under this heading or under any other Section of Provisions of this contract.

The minimum limits of General Liability Insurance are prescribed as follows:

1. GENERAL LIABILITY

\$1,000,000 Combined Single Limit Bodily Injury and Property Damage each occurrence.

2. CONTRACTUAL LIABILITY

\$1,000,000 Combined Single Limit Bodily Injury and Property Damage each occurrence.

3. UMBRELLA EXCESS LIABILITY

(including Primary Coverage's)

The minimum limits of Automobile Liability Insurance are prescribed as follows:

\$100,000 for injury to one person \$50,000 per occurrence

\$300,000 per occurrence

The contractor shall take note of the Hold Harmless Agreement contained in this contract and will obtain and maintain contractual liability insurance in adequate limits for the sole purpose of protecting the City of Hialeah under the Hold Harmless Agreement from any and all claims arising out of this contractual operation.

Further, the contractor will notify his insurance agent without delay of the existence of the Hold Harmless Agreement contained within this contract, and furnish a copy of the Hold Harmless Agreement to the insurance agent.

The City shall be named as additional insured on the (Automobile and General Liability) policy(ies) with proof to be stated on the Certificates provided to the City and this coverage to be primary to all other coverage the City possess.

SUPERVISION

Contractual and any other Liability Insurance provided under this contract shall not contain a supervision, inspection, engineering services exclusion which would preclude the City from supervising and/or inspecting the project as to the end result. The Contractor shall assume all on the job responsibility as to the control of persons directly employed by him and of the subcontractor and persons employed by the subcontractor.

CONTRACTS

Nothing contained in the specifications shall be construed as creating any contractual relationship between any subcontractor and the City.

Contractor shall be as fully responsible to the City for the acts and omissions of the subcontractor and of persons employed by them, as he is, for acts and omissions of persons directly employed by him.

PROTECTION

Precaution shall be exercised at all times for the protection of persons, including employees and property. All existing structures, utilities, roads, services, trees, shrubbery, etc., shall be protected against damage or interrupted service at all times by the contractor during the term of the contract, and the contractor shall be held responsible for any damage to the property occurring by reason of his operation on the property.

INSURANCE EXCEPTION

If bidder does not meet the insurance requirements of the specification, alternate insurance coverage, satisfactory to the Risk Manager, may be considered.

An Owners Protective Policy in the name of the City of Hialeah shall designate this specific Contractor and identify this job at its location, and state by endorsement that this coverage is provided specifically for this job only. **LIMITS OF COVERAGE \$ 1,000,000.**

Property Damage Liability arising out of the collapse of or structural injury to any building or structure due to:

- a. Excavation (including burrowing, filling or back-filling in connection therewith), tunneling, pile driving, cofferdam work or caisson work, or;
- b. Moving, shoring, underpinning, raising or demolition of any building or structure, or removal or rebuilding of any structural support thereof.

Property Damage Liability for:

- a. Injury to or destruction of wires, conduits, pipes, mains, sewers to other similar property or any apparatus in connection therewith, below the surface of the ground arising from and during the use of mechanical equipment for the purpose of excavating or drilling in streets or highways or,
- b. Injury to or destruction of property at any time resulting therefrom. The term "streets" includes alleys. In determining where a street or highway ends, all of the lane up to privately owned land shall be considered a street.

Broad Form Property Damage Liability Coverage Including Completed Operations

The insurance for property damage liability applies, subject to the following additional provisions:

1. To property owned or occupied by or rented to the insured, or except with respect to the use of elevators, to property held by the insured for sale or entrusted to the insured for storage or safekeeping.
2. Except with respect a liability under a written sidetrack agreement or the use of elevators.
 - a. To property while on premises owned by or rented to the insured for the purpose of having operations performed on such property by or on behalf of the insured.
 - b. To tools or equipment while being used by the insured in performing his operations.
 - c. To property in the custody of the insured which is to be installed, erected or used in construction by the insured.
 - d. To that particular part of any property, not on premises owned by or rented to the insured.
 - (i) Upon which operations are being performed by or on behalf of the insured at the time of the property damage arising out of such operations or,
 - (ii) Out of which any property damage arises or,
 - (iii) The restoration, repair or replacement of which has been made or is necessary by reason of faulty workmanship thereon by or on behalf of the insured.
3. With respect to the completed operations hazard and with respect to any classification stated in the policy or in the company's manual as including completed operations.

To property damage by work performed by the name insured arising out of such work or any portion thereof, or out of such materials, part or equipment furnished in connection therewith.

The Broad Form Property Damage Liability Coverage shall be excess insurance over any valid and collectible property insurance (including any deductible portion thereof) available to the insured, such as, but not limited to Fire, Extended Coverage, Builder's Risk Coverage or Installation Risk Coverage and the other insurance condition of the policy is amended accordingly.

CROSS LIABILITY

It is understood and agreed that the inclusion of more than one insured under this policy shall not restrict the coverage provided by this policy for one insured hereunder with respect to a liability claim or suit by another insured hereunder or an employee of such other insured and that with respect to claims against any insured hereunder, other insurers hereunder shall be considered members of the public; but the provisions of this Cross Liability clause shall apply only with respect to liability arising out of the ownership, maintenance, use, occupancy or repair for such portions of the premises insured hereunder as are not reserved for the exclusive use of occupancy of the insured against whom claim is made or suit is filed.

CERTIFICATE OF INSURANCE

On an Accord Certificate of Insurance binder, on the Cancellation Clause, the following shall be deleted: The word "endeavor" as well as "...but failure to mail such notice shall impose no obligation or liability of any find upon the company".

OUT-OF-STATE NON-RESIDENT AGENT

When a certificate is issued by an out-of-state non-resident agent with a "920" License, the name, address and telephone number of the Florida Resident Agent must be listed in the space provided on the checklist and on the Certificate of Insurance provided.

SMALL DEDUCTIBLE POLICIES

All policies issued to cover the insurance requirements herein shall provide full coverage from the first dollar of exposure. No deductibles will be allowed in any policies issued on this contract unless specific safeguards have been established to assure an adequate fund for payment of deductibles by the insured. These safeguards shall be in form of escrow accounts or other method established by the Risk Manager to safeguard to the City's interests and those interests of any claimants under the contractor's policies

INSURANCE CHECK LIST

BID NO. 2015/16-2000-12-021

INSURANCE	LIMITS
<u> X </u> 1. WORKER'S COMPENSATION AND EMPLOYEES LIABILITY	STATUTORY LIMITS OF THE STATE OF FLORIDA.
<u> X </u> 2. GENERAL LIABILITY PREMISES OPERATIONS (M&C OR OL&T ARE REQUIRED) INCLUDED; PRODUCTS AND COMPLETED OPERATIONS INCLUDED; INDEPENDENT CONTRACTORS (O.C.P.) INCLUDED; ELEVATORS INCLUDED; SUPERVISION EXCLUSION DELETED; PERSONAL INJURY LIABILITY	<u>BODILY INJURY PROPERTY DAMAGE</u> \$1,000,000 SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE COMBINED EACH OCCURRENCE.
<u> X </u> 3. BROAD FORM PROPERTY DAMAGE ENDORSEMENT	
<u> X </u> 4. CONTRACTUAL INDEMNITY/HOLD HARMLESS ENDORSEMENT EXACTLY AS WRITTEN IN "INSURANCE REQUIREMENTS" OF SPECIFICATIONS	\$1,000,000 SINGLE LIMIT BODILY INJURY & PROPERTY DAMAGE COMBINED EACH OCCURRENCE
<u> X </u> 5. AUTOMOBILE LIABILITY OWNED NON-OWNED/HIRED AUTOMOBILES INCLUDED	\$100/300,000 \$50,000 EACH OCCURRENCE
<u> </u> 6. UMBRELLA LIABILITY	\$1,000,000 INCLUDING PRIMARY COVERAGE
<u> </u> 7. GARAGE LIABILITY	\$100/300,000 \$50,000 EACH OCCURRENCE
<u> </u> 8. GARAGE KEEPER'S LEGAL LIABILITY	\$50,000 EACH OCCURRENCE
<u> X </u> 9. THE CITY MUST BE NAMED AS ADDITIONAL INSURED ON THE INSURANCE CERTIFICATE <u>AND THE FOLLOWING MUST ALSO BE STATED ON THE CERTIFICATE.</u> "THESE COVERAGES ARE PRIMARY TO ALL OTHER COVERAGES THE CITY POSSESSES FOR THIS CONTRACT ONLY."	
<u> </u> 10. TEACHERS PROFESSIONAL LIABILITY	\$100/300,000 \$50,000 EACH OCCURRENCE
<u> </u> 11. DRAM SHOP EXCLUSION DELETED AND LIQUOR LIABILITY WILL BE PROVIDED	

**PURCHASING DIVISION
CITY OF HIALEAH DISCLOSURE AFFIDAVIT**

I _____ being first duly sworn, state:

The full legal name and business address* of the person or entity contracting or transacting business with the City of Hialeah are:

Phone Number: _____ Fax Number: _____

If the contract or business transaction is with a corporation, the full legal name and business address* shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a partnership, the full legal name and business address* shall be provided for each partner. If the contract or business transaction is with a trust, the full legal name and address* shall be provided for each trustee and each beneficiary. All such names and addresses are:

The full legal names and business address* of any other individual (other) than subcontractors, material men, suppliers, laborers, or lenders who have, or will have, any interest (legal, equitable beneficial or otherwise) in the contract or business transaction with the City of Hialeah are:

Tax ID Number (F.E.I.N) or Social Security Number: _____ - _____

PROOF OF CORPORATE STATUS

Please provide proof of corporate status. All vendors and bidders must be an active corporation in good standing in the State of Florida or any other State. If incorporated in a State other than Florida, then please provide proof that the corporation is registered to do business in the State of Florida in addition to proof of active corporate status. If incorporated in Florida, a computer print-out from the Department of State will be sufficient proof of corporate status. This requirement also applies to limited liability companies, partnerships, limited partnerships, joint-ventures, etc.

LEGAL SIGNATURE OF AFFIANT

(Print or Type Legal Name of Affiant)

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public - State of: _____

My Commission Expires: _____

Print/Type and Stamp commissioned name of Notary Public

NOTARY SEAL

Personally known _____ or Produced Identification _____

Type of Identification Produced _____

**Post office box addresses are not acceptable.

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER

State of _____)

County of _____)

_____, being first duly sworn,
deposes and says that:

- (1) He is _____ of _____, the Bidder that has submitted the attached Bid:
- (2) He is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid:
- (3) Such Bid is genuine and is not a collusive or sham Bid;
- (4) Neither the said Bidder nor any of its officers, partner, own agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed directly or indirectly with any other Bidder, firm or person to sub a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted or to refrain bidding in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm or person, or to fix any overhead, profit or cost element of the Bid price or the Bid price any other Bidder, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the **City of Hialeah** (Local Public Agency) or any person interested in the proposed Contract; and

The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Name) _____

Subscribed and sworn to before me

(Title)

This ____ day of _____, 200 ____

Title _____

(Title)

My commission expires _____

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to

_____ (print name of the public entity)
by _____
_____ (print individual's name and title)
for _____
_____ (print name of entity submitting sworn statement)
whose business address is _____

and (if applicable) its Federal Employer Identification Number (FEIN) is

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1) (g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to an directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1) (b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133 (1) (a), **Florida Statutes**, means:
1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133 (1) (e) Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (indicate which statement applies.)

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administration Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place submitting this sworn statement on the convicted vendor list. (attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(signature)

Sworn to and subscribed before me this _____ day of _____, 200_____.

Personally known _____

OR Produced Identification _____

Notary Public - State of _____

(Type of identification)

(Printed typed or stamped
commissioned name of notary public)